FORM D

AUG 2 4 2004

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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ry Note due 2008 ("Note")	(z)
Rule 504 X Rule 505 Rule 506 Section 4(6)	ULOE
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A. BASIC IDENTIFICATION DATA	
uer	04041322
ent and name has changed, and indicate change.) Inc.	1301479
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (212) 779–6059
(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
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ibution of books and other publication	• AUG 2 6 2004
• • • •	lease specify): THOMSON FINANCIAL
Month Year nization: Actual Estim ter two-letter U.S. Postal Service abbreviation for State	
	A. BASIC IDENTIFICATION DATA uer Int and name has changed, and indicate change.) (Number and Street, City, State, Zip Code) th Avenue, Suite 205, Ny, Ny 10001 (Number and Street, City, State, Zip Code) ibution of books and other publication ted partnership, already formed ted partnership, to be formed Month Year mization: Actual Estin

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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### Rider A

Creative Publishing international, Inc. ("CPi") f/k/a Quarto Acquisition Sub, Inc., is the issuer of the Note. The Quarto Group, Inc. ("Quarto"), is the ultimate parent of CPi and Quarto is also the issuer of the common stock into which the Note is convertible, as well as the guarantor of the Note.

### Rider B

### For CPi:

Actual Date of Incorporation: 8/04

Jurisdiction of Incorporation or Organization: DE

## For Quarto:

Actual Date of Incorporation: 10/86

Jurisdiction of Incorporation or Organization: DE

| 2. Enter the information requested for the following:                                                                                               |                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>                                       |                                             |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of                                   | a class of equity securities of the issuer. |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of                                        | partnership issuers; and                    |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>                                                                       |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner Ex Executive Officer Director                                                                   | General and/or Managing Partner             |
| Full Name (Last name first, if individual)                                                                                                          |                                             |
| Orbach, Laurence F. (Director/Executive Officer of CPi and Quarto))                                                                                 |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Quarto Holdings, Inc., 276 Fifth Avenue, Suite 205, New York, NY 10001 |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director                                                                      | General and/or Managing Partner             |
| Full Name (Last name first, if individual)                                                                                                          |                                             |
| Gold, Jeffrey M. (Director/Executive Officer of CPi)                                                                                                |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                            |                                             |
| c/o Querto Holdings, Inc., 276 Fifth Avenue, Suite 205, New York, NY 10001                                                                          |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner ME Executive Officer Director                                                                   | General and/or Managing Partner             |
| Full Name (Last name first, if individual)                                                                                                          |                                             |
| Mousley, Michael J. (Executive Officer/Director of Quarto)                                                                                          |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                            |                                             |
| c/o Querto Holdings, Inc., 276 Fifth Avenue, Suite 205, New York, NY 10001                                                                          |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director                                                                      | General and/or Managing Partner             |
| Full Name (Last name first, if individual)                                                                                                          |                                             |
| Morley, Robert J. (Director of Quarto)                                                                                                              |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                            |                                             |
| c/o Quarto Holdings, Inc., 276 Fifth Avenue, Suite 205, New York, NY 10001                                                                          |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director                                                                      | General and/or Managing Partner             |
| Full Name (Last name first, if individual)                                                                                                          |                                             |
| Campbell, Peter (Director of Quarto)                                                                                                                |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                            |                                             |
| c/o Querto Holdings, Inc., 276 Fifth Avenue, Suite 205, New York, NY 10001                                                                          |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director                                                                      | General and/or Managing Partner             |
| Full Name (Last name first, if individual)                                                                                                          |                                             |
| Jaine, Peter (Director of Quarto)                                                                                                                   |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                            |                                             |
| c/o Quarto Holdings, Inc., 276 Fifth Avenue, Suite 285. New York, NY 1881                                                                           |                                             |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director                                                                    | General and/or Managing Partner             |
| full Name (Last name first, if individual)                                                                                                          |                                             |
| Collins, Leigh (Director of Quarto)                                                                                                                 |                                             |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                            |                                             |
| c/o Quarto Holdings, Inc., 276 Fifth Avenue, Suite 205, New York, NY 10001                                                                          |                                             |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary)                                                                    | )                                           |

|                                                                                                          |                                                                                                                                        |                                     |                                              |                               |                              | SPERMIN                       | ios agoi                     | E OFFER                                | VP (                        |             |                                             |             |             |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|----------------------------------------|-----------------------------|-------------|---------------------------------------------|-------------|-------------|
|                                                                                                          | 11 41-                                                                                                                                 |                                     |                                              | 1                             |                              | 11                            |                              |                                        |                             | 0           |                                             | Yes         | No          |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |                                                                                                                                        |                                     |                                              |                               |                              |                               |                              |                                        |                             |             |                                             |             |             |
| 2                                                                                                        | Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual? |                                     |                                              |                               |                              |                               |                              |                                        |                             | s N/A       |                                             |             |             |
| ۷.                                                                                                       | w nat is                                                                                                                               | the mini                            | ium mvesn                                    | nent mat v                    | viii de acce                 | pied from                     | any morvio                   | uai:                                   | ,                           | •••••       | ****************                            | Yes         | No          |
| 3.                                                                                                       | Does th                                                                                                                                | e offering                          | permit join                                  | t ownersh                     | ip of a sing                 | gle unit?                     |                              |                                        |                             |             |                                             |             | Z           |
| 4.                                                                                                       |                                                                                                                                        |                                     |                                              |                               |                              |                               |                              |                                        |                             |             | irectly, any                                |             |             |
|                                                                                                          | If a pers<br>or states<br>a broke                                                                                                      | son to be list, list the nor dealer | sted is an as<br>ame of the b<br>, you may s | sociated poroker or detection | erson or age<br>ealer. If me | ent of a brol<br>ore than fiv | cer or deale<br>e (5) persoi | r registered<br>is to be list          | l with the S<br>ed are asso | EC and/or   | he offering.<br>with a state<br>ons of such |             |             |
|                                                                                                          | l Name (I<br>I/A                                                                                                                       | Last name                           | first, if ind                                | ividual)                      |                              |                               |                              |                                        |                             |             |                                             |             |             |
|                                                                                                          | <del></del>                                                                                                                            | Residence                           | Address (N                                   | lumber an                     | d Street. C                  | ity. State. 7                 | (in Code)                    |                                        |                             |             |                                             |             |             |
| 240                                                                                                      |                                                                                                                                        |                                     |                                              |                               | - 0, 0                       | ,, =, 2                       | p 0010,                      |                                        |                             |             |                                             |             |             |
| Nan                                                                                                      | ne of Ass                                                                                                                              | sociated B                          | roker or De                                  | aler                          |                              |                               |                              |                                        |                             |             |                                             |             |             |
| Stat                                                                                                     | es in Wh                                                                                                                               | ich Persor                          | Listed Ha                                    | Solicited                     | or Intends                   | to Solicit                    | Purchasers                   |                                        |                             |             |                                             | ·           |             |
|                                                                                                          | (Check                                                                                                                                 | "All State:                         | s" or check                                  | individua                     | States)                      |                               | ••••••                       | ······································ | ······                      |             | •••••••                                     | ☐ All       | States      |
|                                                                                                          | AL                                                                                                                                     | AK                                  | [AZ]                                         | AR                            | CA                           | CO                            | CT                           | DE                                     | [DC]                        | FL          | GA                                          | HI          | ID          |
|                                                                                                          | IL                                                                                                                                     | IN                                  | IA                                           | KS                            | KY                           | LA                            | ME                           | $\overline{\mathrm{MD}}$               | MA                          | MI          | MN                                          | MS          | MO          |
|                                                                                                          | MT                                                                                                                                     | NE                                  | NV)                                          | NH                            | NJ                           | NM                            | NY                           | NC                                     | ND                          | OH          | OK)                                         | OR          | PA          |
|                                                                                                          | RI                                                                                                                                     | SC                                  | [SD]                                         | [TN]                          | TX                           | UT                            | VT                           | (VA)                                   | WA                          | WV          | WI                                          | WY          | PR          |
| Full                                                                                                     | Name (I                                                                                                                                | Last name                           | first, if indi                               | ividual)                      |                              |                               |                              |                                        |                             |             |                                             | ·           | <del></del> |
| Busi                                                                                                     | iness or                                                                                                                               | Residence                           | Address (1                                   | Number an                     | d Street, C                  | ity, State,                   | Zip Code)                    |                                        |                             | ***         |                                             |             |             |
| Nam                                                                                                      | ne of Ass                                                                                                                              | ociated Br                          | oker or De                                   | aler                          |                              |                               |                              |                                        |                             | <del></del> |                                             | -,          |             |
| State                                                                                                    | es in Wh                                                                                                                               | ich Person                          | Listed Has                                   | Solicited                     | or Intends                   | to Solicit                    | Purchasers                   |                                        |                             |             |                                             | ·           |             |
|                                                                                                          |                                                                                                                                        |                                     |                                              |                               |                              |                               |                              |                                        | •••••                       | ••••••      |                                             | ☐ AI        | l States    |
|                                                                                                          | AL                                                                                                                                     | [AK]                                | [AZ]                                         | [AR]                          | CA                           | CO                            | CI                           | DE                                     | DC                          | FL          | GA                                          | HI          | ΠD          |
|                                                                                                          |                                                                                                                                        | IN                                  | IA)                                          | KS                            | KY                           | LA                            | ME                           | MD                                     | MA                          | MI          | MN                                          | MS          | MO          |
|                                                                                                          | MT                                                                                                                                     | NE                                  | NV]                                          | NH                            | NJ                           | NM                            | NY                           | NC                                     | ND                          | OH          | OK                                          | OR          | PA          |
|                                                                                                          | RI                                                                                                                                     | (SC)                                | SD                                           | TN                            | TX                           | UT                            | VT                           | VA                                     | WA                          | [WV]        | WI                                          | WY          | PR          |
| Full                                                                                                     | Name (L                                                                                                                                | ast name i                          | first, if indi                               | vidual)                       | ···-                         |                               |                              |                                        |                             |             |                                             |             |             |
| Busi                                                                                                     | ness or                                                                                                                                | Residence                           | Address (N                                   | lumber an                     | d Street, C                  | ity, State, 2                 | Zip Code)                    | ·                                      |                             |             |                                             | <del></del> |             |
| Nam                                                                                                      | e of Asso                                                                                                                              | ociated Bro                         | oker or Dea                                  | ıler                          |                              |                               | <del></del>                  |                                        |                             |             |                                             |             |             |
|                                                                                                          |                                                                                                                                        |                                     | ·                                            | ·                             | <del></del>                  | <del></del>                   | <del></del>                  | ·                                      | <del></del>                 |             |                                             |             |             |
|                                                                                                          |                                                                                                                                        |                                     | Listed Has<br>" or check i                   |                               |                              |                               |                              |                                        |                             |             |                                             |             | 1 States    |
|                                                                                                          |                                                                                                                                        |                                     |                                              |                               |                              |                               |                              |                                        |                             |             |                                             |             |             |
| ſ                                                                                                        | AL                                                                                                                                     | AK                                  | AZ                                           | AR                            | CA                           | CO                            | CT                           | DE                                     | DC                          | FL          | GA                                          | HI          | ĪD          |
|                                                                                                          |                                                                                                                                        | TNI                                 |                                              | VC                            | (12/3/)                      | 1 1 4                         |                              |                                        |                             |             |                                             |             | IN ACC      |
| [                                                                                                        | IL MT                                                                                                                                  | IN<br>NE                            | NV                                           | KS<br>NH                      | KY<br>NJ                     | LA<br>NM                      | ME<br>NY                     | MD<br>NC                               | MA<br>ND                    | MI<br>OH    | MN<br>OK                                    | MS<br>OR    | MO<br>PA    |

# LE OPPURE PROFESOR DE LE CENTRALE PROFESSOR DE LE CONTROL DE LE CONTROL

| Type of Security  Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1.         | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange already exchanged. | eck          |             |              |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|--------------|-------------|
| Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Type of Security                                                                                                                                                                                                    |              |             | Ап           | •           |
| Common   Preferred   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,300,000   \$3,000,000   \$3,000,000   \$3,000,000   \$3,000,000   \$3,000,0                                                    |            | Debt                                                                                                                                                                                                                | <b>\$</b>    | 0           | <b>. . .</b> | 0           |
| Convertible Securities (including warrants)  Partnership Interests  Other (Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Equity                                                                                                                                                                                                              | <b>\$</b>    | 0           | <b>s</b>     | 0           |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Convertible Securities (including warrants)                                                                                                                                                                         | <b>,</b> 3,: | 300,000     | , 3          | ,300,000    |
| Other (Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                                                                                                                     |              | 0           |              | 0           |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | •                                                                                                                                                                                                                   |              | 0           | · ·          | 0           |
| Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Number                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                     | 7            | 300,000     | , 3,         | 300,000     |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    Aggregate   Dollar Amount of Purchases   Dollar Amoun                                                                                                                                                                                                              |            |                                                                                                                                                                                                                     | ¥            |             | . •          |             |
| Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indic<br>the number of persons who have purchased securities and the aggregate dollar amount of the                     | ate<br>ieir  | Numher      | u            |             |
| Non-accredited Investors 0 \$ 0 \$ C Commissions (specify finders' fees separately) \$ Cother Expenses (identify) \$ Cother Security Filting and Engraving Costs \$ Cother Security Filting and Expenses (identify) \$ Cother Expenses (identif                                                                                                                                             |            |                                                                                                                                                                                                                     |              |             |              |             |
| Non-accredited Investors 0 s 0 s 0 s 0 s 1 Total (for filings under Rule 504 only) s 1 S 1 Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Security Sold Security Regyertible Regulation A 0 Sold Sold Sold Sold Sold Sold Sold Sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Accredited Investors                                                                                                                                                                                                |              | 1           | <u>§</u> 3   | ,300,000    |
| Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)  Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                                                                                                                                                                                                                     |              | _           | \$           | 0           |
| Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)  Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                     |              |             | <b>\$</b>    |             |
| If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Rule 505 Regulation A Rule 504 Total  Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Furnish a SEE RIDER 4—A  Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify)  SOUNT SOUN                                                                                                                                                                                                              |            |                                                                                                                                                                                                                     |              |             | _            |             |
| Rule 505 Regulation A Regulation A Rule 504 Rule 504 Rule 504 Rule 506 Rune 504 Rune 504 Rune 506 Rune 507 Rune 506 Rune 507 Rune 507 Rune 508 Rune 507 Rune 507 Rune 508 Rune                                                                                                                                                                                                              | <b>3</b> . | sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to                                                                                                                | the<br>I.    | Type of     | D            | ollar Amoun |
| Regulation A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | Type of Offering                                                                                                                                                                                                    |              |             |              |             |
| Rule 504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                                                                                                                                                                                                                     |              |             | \$ <u>3</u>  |             |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | -                                                                                                                                                                                                                   |              |             | \$_          |             |
| a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.  The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs.  Legal Fees.  Accounting Fees.  Engineering Fees.  Sales Commissions (specify finders' fees separately)  Other Expenses (identify)  Sales Commissions (specify finders' fees separately)  Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Rule 504                                                                                                                                                                                                            |              |             | \$_          | U           |
| securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.  The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  SEE RIDER 4-A  Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Total                                                                                                                                                                                                               |              |             | \$_3         | ,300,000    |
| Printing and Engraving Costs       \$ 0         Legal Fees       \$ 0         Accounting Fees       \$ 0         Engineering Fees       \$ 0         Sales Commissions (specify finders' fees separately)       \$ 0         Other Expenses (identify)       \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | securities in this offering. Exclude amounts relating solely to organization expenses of the insur<br>The information may be given as subject to future contingencies. If the amount of an expenditure              | rer.         | SEE 1       | RIDER        | 4-A         |
| Legal Fees Separately Solution Specify finders' fees separately Solution States (identify) Sees Separately Solution Sees Separately Sees Separ                                                                                                                                                                                                              |            | Transfer Agent's Fees                                                                                                                                                                                               |              |             | <b>s</b>     | 0           |
| Legal Fees \$ 0 \$ 0 \$ Counting Fees \$ 0 \$ Count |            | Printing and Engraving Costs                                                                                                                                                                                        |              |             | \$_          |             |
| Accounting Fees Separately SOTHER Expenses (identify) SOTHER SEPARATELY SOTHER Expenses (identify) SOT                                                                                                                                                                                                              |            | Legal Fees                                                                                                                                                                                                          |              |             | \$_          |             |
| Engineering Fees Sales Commissions (specify finders' fees separately) Sales Commissio                                                                                                                                                                                                              |            |                                                                                                                                                                                                                     |              | <del></del> | \$           | 0           |
| Sales Commissions (specify finders' fees separately)  Other Expenses (identify)  \$ 0  \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                               |              |             | \$_          | 0           |
| Other Expenses (identify) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                     |              | <b></b>     | ·            | 0           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | •                                                                                                                                                                                                                   |              |             | \$_          | 0           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                     |              |             | \$           | 0           |

### Rider 4-A

There were no gross proceeds in connection with the issuance of the Note. The Note represents a portion of the purchase price in connection with CPi's acquisition of substantially all of the assets of a publishing business. Additionally, upon conversion of the Note or any portion thereof, CPi will not receive any cash proceeds; the principal amount owed under the Note will be reduced by the aggregate conversion price for any such conversion. Upon conversion of the Note, shares of common stock of Quarto will be issued. Quarto common stock trades on the London Stock Exchange.

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 79.12 <b>40.1</b> 8 |                        |                |               |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|----------------|---------------|
|      | C-OFFERING PRICE; NUMBER OF INVESTORS EXPENSES AND USE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (KOC)               | Ands                   |                |               |
|      | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                        | \$ 3,30        | 0,000         |
| 5.   | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |                        |                |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                   | ments to               |                |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | officers,<br>ectors, & | Pas            | ments to      |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | filiates               |                | others        |
|      | Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □\$                 | 0                      | \$             | 0             |
|      | Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | 0                      |                | D             |
|      | Purchase, rental or leasing and installation of machinery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>□</b>            |                        | · 🏳 -          |               |
|      | and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u></u> \$          | 0                      | s              | 0             |
|      | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                  | 0                      | s              | 0             |
|      | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | 0                      | 7              | 700 000       |
|      | issuer pursuant to a merger)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | 0                      | · 🗀 ·—         | ,300,000<br>0 |
|      | Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | 0                      | \$             |               |
|      | Working capital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ <b>\$</b> _       | 0                      | _ □ <b>\$</b>  | 0             |
|      | Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | □ <b>\$</b> _       | 0                      | . 🗆 <b>s</b> _ | 0             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ \$                | 0                      | \$             | 0             |
|      | Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | 0                      | m e 3          | ,300,000      |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                   |                        | . U "—         | · · ·         |
|      | Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | S:3                    | 300,00         | <u>0</u>      |
|      | THE THE PROPERTY OF THE PROPER |                     |                        |                |               |
| sigi | issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ssion,              | upon writte            |                |               |
| Ċı   | ner (Print or Type) reative Publishing international, Inc. and The Quarto Group, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                | ust 16, 2              | 2004           |               |
| _    | ne of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -9                  | · <u>, -</u>           |                |               |
|      | purence F. Orbach President, Chairman, respectively                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                        |                |               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                        |                |               |

### - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|           |                                                                    | HE STATESIGNATURI                                                                                                                                                                                                                                                                                                                                                         |                                       |                           |  |  |  |  |  |  |  |
|-----------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------|--|--|--|--|--|--|--|
| 1.        |                                                                    | 230.262 presently subject to any of the d                                                                                                                                                                                                                                                                                                                                 |                                       | Yes No                    |  |  |  |  |  |  |  |
|           |                                                                    | See Appendix, Column 5, for state                                                                                                                                                                                                                                                                                                                                         | response.                             |                           |  |  |  |  |  |  |  |
| 2.        | The undersigned issuer hereby und D (17 CFR 239.500) at such times | ertakes to furnish to any state administrato<br>s as required by state law.                                                                                                                                                                                                                                                                                               | r of any state in which this notice   | is filed a notice on Form |  |  |  |  |  |  |  |
| 3.        | The undersigned issuer hereby unissuer to offerees.                | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.                                                                                                                                                                                                                   |                                       |                           |  |  |  |  |  |  |  |
| 4.        | limited Offering Exemption (ULO                                    | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |                                       |                           |  |  |  |  |  |  |  |
|           | per has read this notification and know<br>thorized person.        | vs the contents to be true and has duly caus                                                                                                                                                                                                                                                                                                                              | ed this notice to be signed on its be | ehalf by the undersigned  |  |  |  |  |  |  |  |
| Issuer (1 | Print or Type)                                                     | Signature                                                                                                                                                                                                                                                                                                                                                                 | Date                                  |                           |  |  |  |  |  |  |  |
| Name (I   | Print or Type)                                                     | Title (Print or Type)                                                                                                                                                                                                                                                                                                                                                     |                                       |                           |  |  |  |  |  |  |  |
|           |                                                                    |                                                                                                                                                                                                                                                                                                                                                                           | <u></u>                               |                           |  |  |  |  |  |  |  |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |                                                     | e de la companya de l | žΩ                                   | PRIDE     |                                          |                                       |                                                       |                                                                                                    |  |  |
|-------|--------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|------------------------------------------|---------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|--|
| 1     | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | amount pu | investor and rchased in State C-Item 2)  |                                       | Disqual<br>under Sta<br>(if yes,<br>explana<br>waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |  |
| State | Yes                            | No                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors | Amount                                | Yes                                                   | No                                                                                                 |  |  |
| AL    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| AK    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| AZ    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| AR    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| CA    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| СО    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| СТ    | ·                              |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| DE    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          | · · · · · · · · · · · · · · · · · · · |                                                       |                                                                                                    |  |  |
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| GA    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                    |           |                                          |                                       |                                                       |                                                                                                    |  |  |
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| ID    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          | <u> </u>                              |                                                       |                                                                                                    |  |  |
| IL    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| · IN  |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| ΙA    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
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| LA    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| ME    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| MD    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
| МА    |                                |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |                                          |                                       |                                                       |                                                                                                    |  |  |
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|       |                                |                                                     |                                                                                | ANN THE                              | endik <sup>a</sup> s. |                                           |                                       |                                            |                                                                                                    |  |
|-------|--------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-----------------------|-------------------------------------------|---------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| 1     | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pu             | 4 investor and rchased in State C-Item 2) |                                       | under Sta<br>(if yes,<br>explana<br>waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes                            | No                                                  |                                                                                | Number of<br>Accredited<br>Investors | Amount                | Number of<br>Non-Accredited<br>Investors  | Amount                                | Yes                                        | No                                                                                                 |  |
| МО    |                                |                                                     |                                                                                |                                      |                       |                                           |                                       |                                            |                                                                                                    |  |
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| NY    |                                |                                                     | - <u>-</u>                                                                     |                                      |                       |                                           |                                       |                                            |                                                                                                    |  |
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| ОК    |                                |                                                     |                                                                                |                                      |                       |                                           |                                       |                                            |                                                                                                    |  |
| OR    |                                |                                                     |                                                                                |                                      |                       |                                           | · · · · · · · · · · · · · · · · · · · |                                            |                                                                                                    |  |
| PA    |                                |                                                     |                                                                                |                                      |                       |                                           |                                       |                                            |                                                                                                    |  |
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| TN    |                                |                                                     |                                                                                |                                      |                       |                                           | ·                                     |                                            |                                                                                                    |  |
| TX    |                                |                                                     |                                                                                |                                      | <u>-</u>              |                                           |                                       |                                            |                                                                                                    |  |
| UT    |                                |                                                     |                                                                                |                                      |                       |                                           |                                       |                                            |                                                                                                    |  |
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|       |                   | ester est                                        |                                                                                            |                                      | ENDEX = 3                                                            |                                          | 78. <b>18</b> 53. u |                       |                                                                                                                 |  |
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| 1     | 2 3               |                                                  |                                                                                            |                                      |                                                                      | 4                                        |                     | 5<br>Disgualification |                                                                                                                 |  |
|       | to non-a investor | I to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |                                          |                     |                       | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |  |
| State | Yes               | No                                               |                                                                                            | Number of<br>Accredited<br>Investors | Amount                                                               | Number of<br>Non-Accredited<br>Investors | Amount              | Yes                   | No                                                                                                              |  |
| WY    |                   |                                                  |                                                                                            |                                      |                                                                      |                                          |                     |                       |                                                                                                                 |  |
| PR    |                   |                                                  |                                                                                            |                                      |                                                                      |                                          |                     |                       |                                                                                                                 |  |